



## Spousal Verification Form

### Active Employee

### 2016 Plan Year

Participation in the City of Memphis Medical Plan is limited to full time employees and eligible dependents. In order for a spouse to be an eligible participant in the plan, the spouse may not have access to medical insurance through his/her current employer (except through the City of Memphis), previous employer (except through the City of Memphis) or Medicare. You are still able to enroll your dependent children in the City's medical plan regardless of your spouse's status under this restriction. Please contact the Health, Wellness & Benefits Office if you have any questions.

If, at any point, your spouse ceases to be eligible for his/her employer's medical coverage, he/she may be enrolled under your City of Memphis medical plan coverage. You will have 60 days from the loss of eligibility to enroll your spouse under our plan.

Please complete this verification and return it with your enrollment materials. If you do not return the verification, your spouse will not be eligible for coverage. You may not make any changes to your election until the following annual benefit enrollment period unless you experience a qualifying event.

Employee Name: \_\_\_\_\_ Employee Last 4 of SSN: \_\_\_\_\_  
(Last, First, MI)

Spouse Name: \_\_\_\_\_ Spouse Last 4 of SSN: \_\_\_\_\_  
(Last, First, MI)

Please read all options and initial the appropriate response:

\_\_\_\_\_ The spouse listed above is employed with or has retired from the City of Memphis. (Spouse is an eligible participant)

\_\_\_\_\_ The spouse listed above does not have access to medical insurance available through a current employer, a previous employer and is not currently eligible for Medicare. (Spouse is an eligible participant)

\_\_\_\_\_ The spouse listed above is employed/retired but not eligible for group medical coverage through his/her own employer. (Spouse is an eligible participant)

The undersigned do hereby attest that the above information is true and correct to the best of my knowledge. We acknowledge the City of Memphis reserves the right to request supporting documentation and any proof as it, in its sole discretion, deems necessary in order to verify the representations I have made in this verification. The undersigned also understand that if my spouse's group medical insurance status changes, it is my responsibility to notify the Benefits Office within 60 days of such change. We further acknowledge that if the spouse listed above is covered under the City of Memphis medical plan and it is later determined that the was eligible for other group medical coverage through his/her employer, that we may be required to repay the cost of any claims incurred or paid under the City's Medical Plan. We further understand that knowingly falsifying this form or making any false statement or representation in connection with this form may result in disciplinary action up to and including termination of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Employee

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Spouse

An open enrollment under another employer's benefit plan is considered a permitted mid-year change in status event under Section 125. If your spouse's open enrollment occurred earlier in the year and your spouse chose not to enroll in coverage for which he/she was eligible for, he/she should contact his/her employer and request to enroll in their employer's benefit plan.